

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/596394.

FILING DATE

26 JUL 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	<i>1</i>					
2		<i>1</i>				
3		<i>1</i>				
4		<i>1</i>				
5		<i>1</i>				
6		<i>1</i>				
7	<i>1</i>					
8	<i>1</i>					
9		<i>1</i>				
10		<i>1</i>				
11		<i>1</i>				
12		<i>1</i>				
13		<i>1</i>				
14		<i>1</i>				
15	<i>1</i>					
16		<i>1</i>				
17		<i>1</i>				
18		<i>1</i>				
19		<i>1</i>				
20		<i>1</i>				
21			<i>1</i>			
22				<i>1</i>		
23				<i>1</i>		
24				<i>1</i>		
25				<i>1</i>		
26				<i>1</i>		
27				<i>1</i>		
28				<i>1</i>		
29				<i>1</i>		
30				<i>1</i>		
31				<i>1</i>		
32				<i>1</i>		
33				<i>1</i>		
34				<i>1</i>		
35				<i>1</i>		
36				<i>1</i>		
37				<i>1</i>		
38				<i>1</i>		
39				<i>1</i>		
40				<i>1</i>		
41				<i>1</i>		
42						
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48						
49						
50						
TOTAL IND.	<i>4</i>	↓	<i>1</i>	↓		↓
TOTAL DEP.	<i>19</i>	←	<i>20</i>	←		←
TOTAL CLAIMS	<i>23</i>		<i>21</i>			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						